



2001 / 2002 SERVICE PLAN

Promoting and Protecting Public Health



BC Centre for Disease Control



*Excellence
Program*

2000 Silver
Level Recipient





BC Centre for Disease Control

Our logo was created in 1998 with input from staff and hence depicts the nature of our work.

The solid and dark D represents pervasive disease while the first C controls it and the second C affects it as evidenced by the light path through the D. The closeness of the letters reflects the cohesiveness of our component programs.



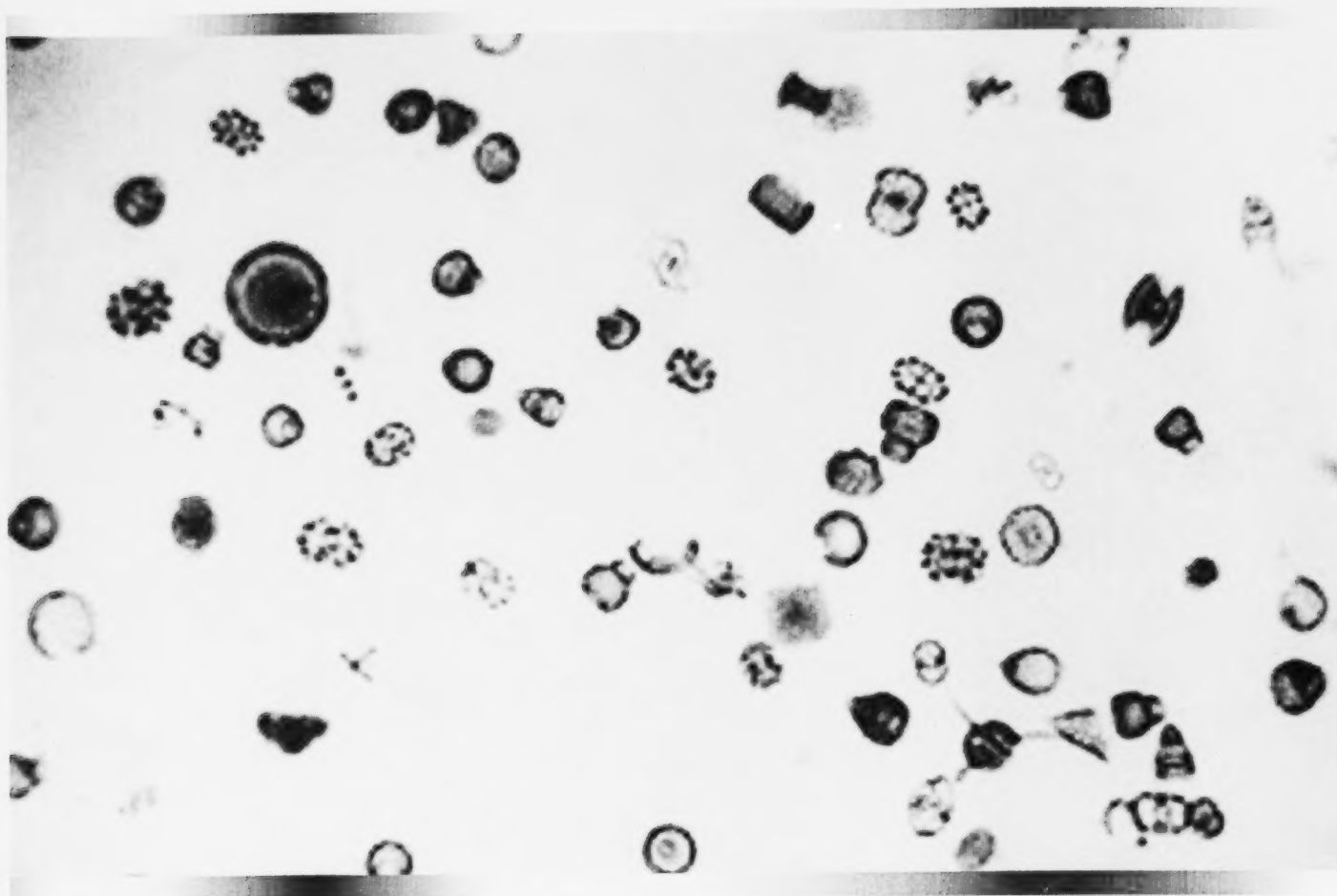
BC Centre for Disease Control

Our Vision – 'healthy people in healthy communities' is realized when science informs public health and public health informs science.

The Mission of the BC Centre for Disease Control and Prevention Society (BCCDC) is to provide leadership in public health through learning, innovation, action and partnerships for a healthier British Columbia.

Through affiliation with the University of British Columbia (UBC) and in partnership with the public health community, "Our Vision – 'healthy people in healthy communities' is realized when science informs public health and public health informs science."

- BCCDC provides the province and supports national initiatives with state of the art public health surveillance, detection, treatment, prevention and consultation services.
- BCCDC provides direct diagnostic and treatment services for people with diseases of public health importance.
- BCCDC provides analytical and policy support to all levels of government and health authorities for the protection and promotion of health.
- BCCDC is a UBC research and training Centre which assures that health practitioners and the public have ready access to the best people with the latest knowledge.
- BCCDC provides opportunities for scientists, health professionals and other partners to contribute their knowledge and experience in resolving the outstanding health challenges facing British Columbia.
- Ultimately, BCCDC envisions that through the application of effective public health services British Columbians will enjoy the benefits of healthy people living in healthy communities.



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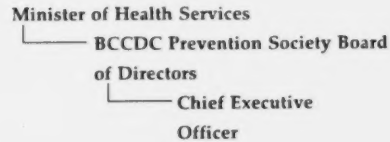
Governance

BCCDC is operated under the *Society Act* of British Columbia.

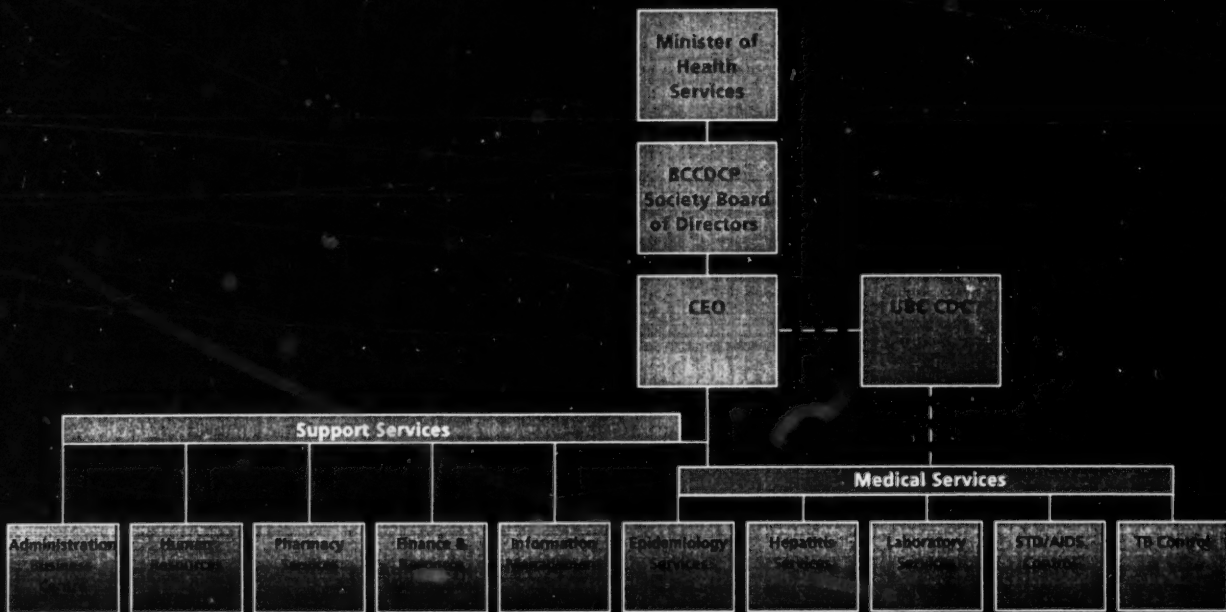
Delegations of authority are from the Minister of Health Services to BCCDC's Board of Directors to BCCDC's Chief Executive Officer. Delegations beyond this are vested in BCCDC's Chief Executive Officer (CEO).

The BCCDC Board is constituted in accordance with Society bylaws and is responsible for ensuring effective operation.

Representational membership on the Board will be derived from regional health authorities, the Ministry of Health Services and the University of British Columbia.



The Board may establish subcommittees as required. The Board may augment its participation with non-voting representatives of stakeholder groups.



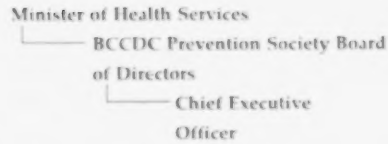
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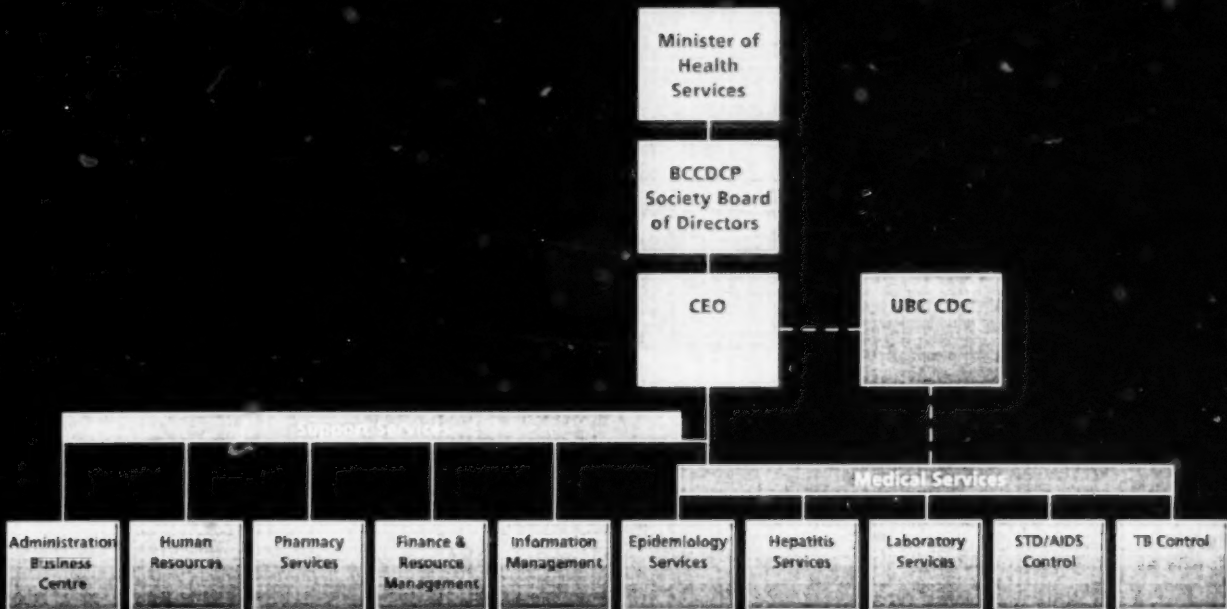
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Achievement. Commitment.

Chief Executive Officer's Message

This Service Plan comprises scores of new initiatives and more effective services within our mandate and expected resources.



Ron Zapp, Chief Executive Officer

Wow, the new millennium is proving to be as exciting and progressive as we anticipated. As we enter 2001/2002 we continue to build on our success as a uniquely positioned public health enterprise, integrating diagnosis, surveillance, intervention and research in ways no other agencies can parallel. We were awarded for the second year in a row the William H. Foege Award for field epidemiology excellence. We were surveyed by the Canadian Council on Health Services Accreditation and await our first accreditation for program quality.

We began the year as a new Society. The disengagement of our Society from the Vancouver/Richmond Health Board and the interest of amalgamating other public health initiatives in the future completes the creation of the BC Centre for Disease Control and Prevention Society. This new year will see the Minister of Health Services appoint a new board of governance that will lead our ambitions to be the best we can be.

In the Quality spirit of measure, record, monitor and innovate, we have positioned ourselves for a progressive new year. This Service Plan comprises scores of new initiatives and more effective services within our mandate and expected resources. We constantly seek to improve our service support for the province of British Columbia. The fact that in so doing we provide a career environment and research opportunities to further our continuing search for excellence is a delightful "bonus".

A handwritten signature in dark ink, appearing to be 'Ron Zapp'.

Ron Zapp
Chief Executive Officer
August 2001

Chief of Medical and Academic Affairs

UBC Centre for Disease Control was ranked as the third most productive Centre in the Faculty of Medicine with over \$5 million in research grants and contracts and 58 peer reviewed publications in the past year.



Dr. R.C. Brunham, Director, UBC Centre for Disease Control and Chief of Medical and Academic Affairs, BCCDC

BC Centre for Disease Control (BCCDC) continues to evolve and re-shape itself. The five program pillars (Epidemiology Services, Hepatitis Services, Laboratory Services, STD/AIDS Control and TB Control) are developing new cross sectional programs to advance disease control strategies. As an example, the development of molecular typing technologies in Laboratory Services in collaboration with Epidemiology Services has allowed unprecedented abilities to recognize, with enhanced resolution, disease outbreaks at a much earlier stage. Molecular typing of TB strains has shown that the epidemiology of TB in the downtown east side of Vancouver (DTES) is characterized by a series of mini-epidemics. Collaboration with the Vancouver/Richmond Health Board has resulted in an invigorated new program for TB control in the DTES based on early recognition and treatment of latent TB infection in part because of these findings.

Each year the BCCDC responds to 8-10 outbreaks. This past year was no exception with epidemics declared for Pertussis, Q fever, Meningococci group C, Salmonella, Shigella, Norwalk and Hepatitis A. The capacity to use these "experiments-of-nature" is one of the unique research opportunities at BCCDC. It is increasingly apparent that we need to develop funding flexibility within our operating budget to respond to these surges in disease activity.

The availability of three new vaccines (varicella, conjugated pneumococcal and conjugated meningococcal type C) as a result of biotechnology research is a harbinger of new forces shaping the practice and financing of public health. These highly effective but costly vaccines are causing us to evaluate vaccine programs based on criteria other than net savings to the health care system. Increasingly,

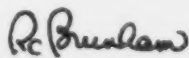
Epidemiology Services will be using innovative mathematical and economic approaches to forecast the effectiveness of new vaccines and thereby help guide Ministry of Health Services financing of the new vaccines. In part to support these needs, a new biomathematician has been recruited to the Centre.

Information management and information technology continue to shape the informed practice of public health. BCCDC is engaged in a detailed review of enhanced surveillance tools linked to the roll-out of the Public Health Information System (PHIS). Development of a province-wide electronic surveillance system is essential to further advancing control of communicable diseases for British Columbia. We anticipate developing a report to be submitted to the Provincial Health Officer and Ministry of Health Planning during the next year arguing for substantial investment in electronic surveillance systems.

BCCDC's affiliation with the University of British Columbia (UBC) is yielding rewards beyond expectation even at this early stage. Over the past year, we have been fortunate in recruiting four highly qualified professionals to the Centre in part because of our UBC affiliation (Dr. Deborah M. Money, MD, Associate Director, STD/AIDS Control; Dr. Sylvie Champagne, MD, Medical Microbiologist, Laboratory Services; Dr. Monika Naus, MD, Associate Director, Epidemiology Services; and, Dr. Fawziah Marra, Pharm D, Director, Pharmacy Services). We also look forward to the arrival of Dr. Babak Pourbohloul, PhD, our research epidemiologist and mathematician, in September.

UBC conducted an extensive inventory of research activities and productivity throughout the Faculty of Medicine including its Departments and Research Centres. UBC Centre for Disease Control was ranked as the third most productive Centre in the Faculty with over \$5 million in research grants and contracts and fifty-eight peer reviewed publications in the past year. We are making our mark in the Faculty of Medicine and UBC. We are hopeful that new research space will be made available to our staff in part because of our demonstrated success and are engaged in a Canada Foundation for Innovation program application to finance the building of a new Infectious Disease Research Centre adjacent to BCCDC.

Clearly, 2000/2001 has been a remarkably productive year. Although much has been accomplished, more remains to be done. I personally want to praise and thank all Centre staff for their extraordinary contributions to making BCCDC Canada's finest Centre for public health practice, research and training.

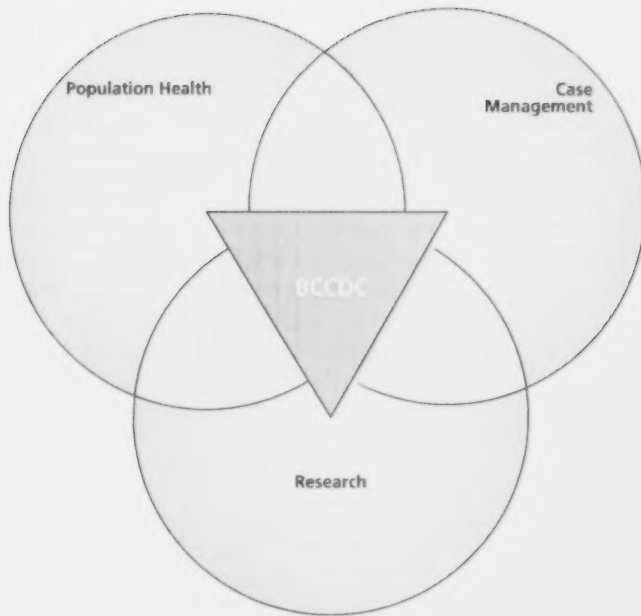


Dr. R.C. Brunham

Director, UBC Centre for Disease Control
August, 2001
Chief of Medical and Academic Affairs

Who We Are

Promoting and protecting public health



BC Centre for Disease Control (BCCDC) is an organization established under the *Society Act* of the province of British Columbia given the responsibility to conduct a comprehensive program of communicable disease prevention and control for the province of British Columbia. BCCDC provides a unique integration of public health programs resulting in highly effective services, while attracting and retaining the very best scientists and clinicians. BCCDC is accountable to the Minister of Health Services and the general public.

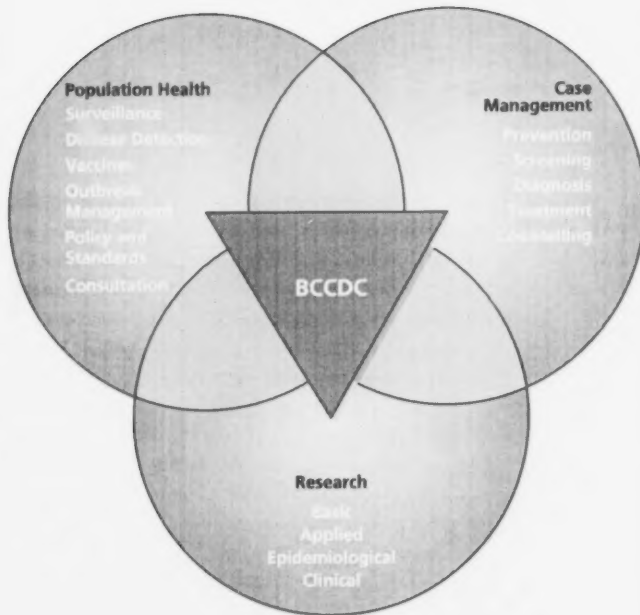
Five key integrated services within BCCDC operate to support the province's regional health authorities to provide the specialized services necessary to control communicable disease in the province and to promote and protect the public health. These are Epidemiology Services, Hepatitis Services, Laboratory Services, Sexually Transmitted Disease (STD/AIDS) Control and Tuberculosis Control. Surveillance, epidemiologic analysis, clinical screening, diagnosis and treatment, contact tracing, microbiology laboratory testing, vaccine procurement and distribution, policy development and consultation and applied, clinical and epidemiological research are some of the key functions of the services. Infrastructure support is provided by Information Management, Pharmacy Services, Finance and Resource Management, Human Resources and the Administrative Business Centre.

BCCDC's main facility is located at 655 West 12th Avenue in Vancouver. It is augmented by street outreach nurse services and offices in the inner city of Vancouver, by an ambulatory tuberculosis clinic in New Westminster and by consultative clinics at various locations around the province.

BCCDC collaborates with the University of British Columbia Centre for Disease Control (UBC CDC) in the advancement of public health policy, applied research and clinical teaching.

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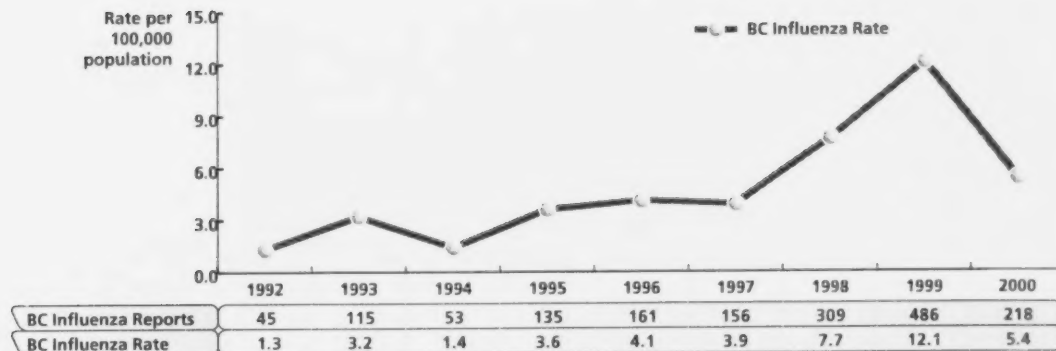
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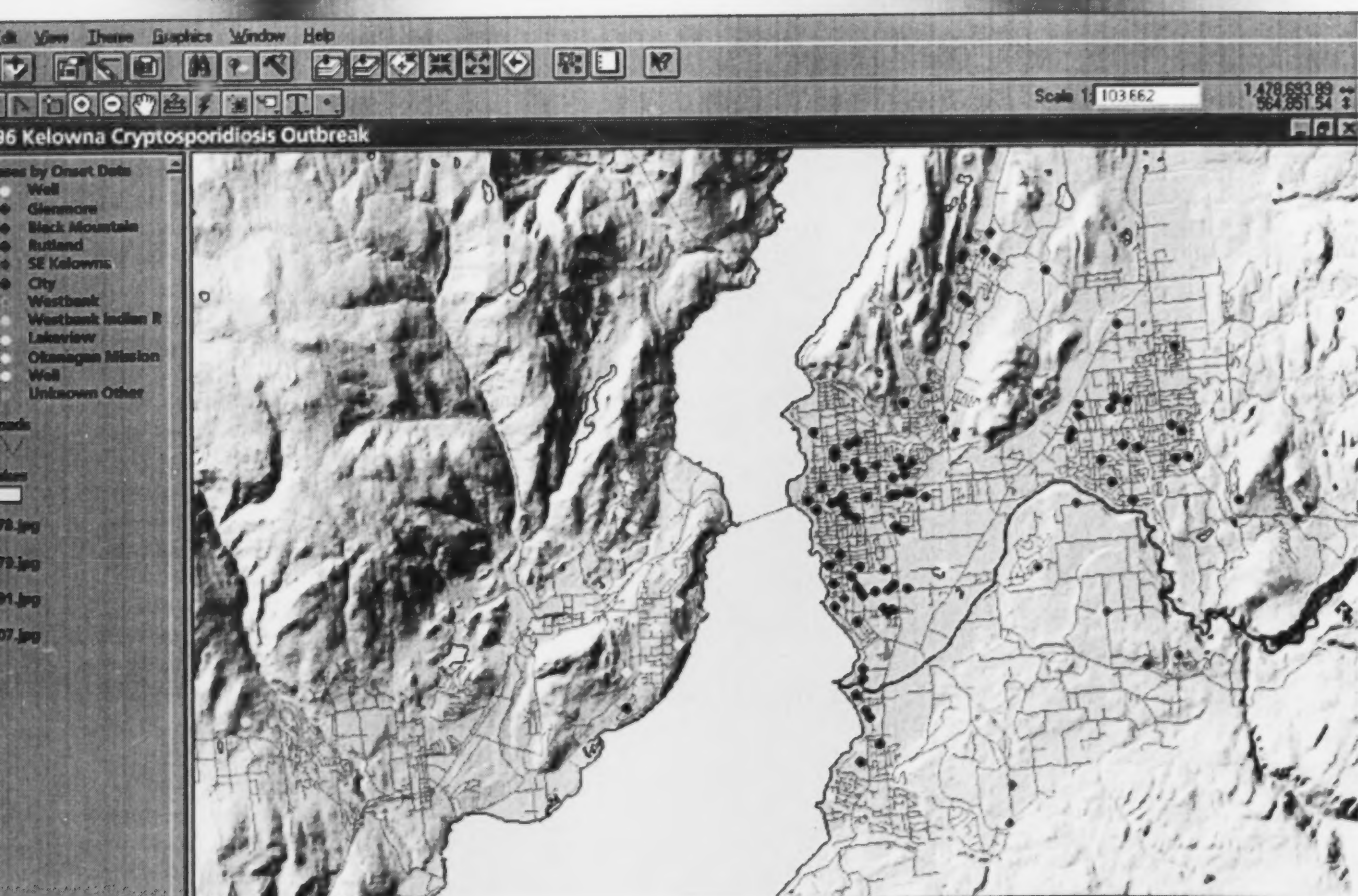
Communicable Diseases

Communicable diseases are caused by viruses, bacteria, and parasites. Common modes of transmission are respiratory (measles, tuberculosis), sexual (HIV, chlamydia), bloodborne (hepatitis B, hepatitis C), foodborne (*E. coli*, botulism), enteric (hepatitis A, salmonella), vector-borne (lyme disease, malaria) and waterborne (giardiasis, cryptosporidiosis).

As specified in schedules A and B of the *Health Act*, *Communicable Disease Regulations* and the *Venereal Disease Act*, communicable diseases are reported to BCCDC by the Medical Health Officers in the province. BCCDC maintains, monitors and acts on the data on behalf of the Provincial Health Officer.

Provincial registries of active cases of tuberculosis, reportable cases of sexually transmitted diseases (STDs), meningitis, hantavirus pulmonary syndrome, leprosy, rheumatic fever and other reportable communicable diseases are maintained by BCCDC.





Leading-Edge Technology.

The diagram above is an example of how the Geographical Information System is used to determine geographic clustering of disease in the province.

Epidemiology Services



Dr. David Patrick, Director

Epidemiology Services investigates and evaluates communicable disease as it affects the population of British Columbia. It is the provincial monitoring centre for reportable cases of communicable disease.

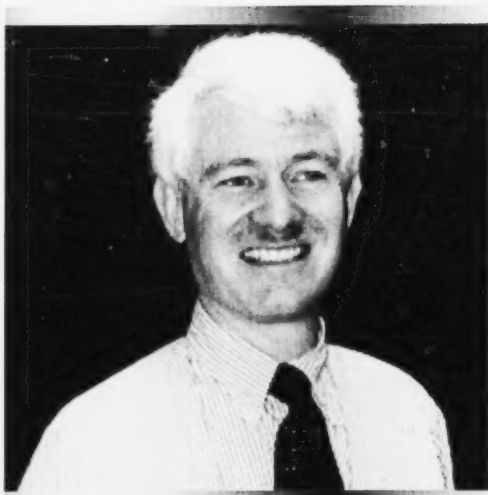
Surveillance and other data on reportable and non-reportable cases of communicable disease is used by Epidemiology Services to evaluate trends in incidence of communicable disease, determine conditions or risks to minimize outbreaks and initiate control procedures for preventing and reducing the spread of disease. Findings are communicated to public health officials, institutions and communities.

Vaccines for all provincially funded immunization programs are managed by Epidemiology Services and evaluated for effectiveness and adverse reactions. New vaccines are investigated and assessed for introduction to the province.

Epidemiology Services is also responsible for the recommendation of policies and procedures for communicable disease control in the province and serves as a key source of consultation for others involved in communicable disease prevention, control and population based research.

In conjunction with the University of British Columbia (UBC) and Health Canada, Epidemiology Services is a training site for Federal Field Epidemiologists and UBC medical residents.

Hepatitis Services



Dr. Mel Krajden, Director

Hepatitis Services is a new provincial program with a mandate to coordinate viral hepatitis services in British Columbia. Hepatitis Services is committed to developing a model that integrates the following elements: prevention/surveillance, care management, education/support, information management and research.

The goals of the integrated prevention and care management program are to reduce the transmission of hepatitis and minimize its impact as a chronic disease. The program will also provide prevention and care planning information. "Pilot" sites will be used to bring together the roles of public health and clinical care and evaluate an integrated approach to health service delivery.

In the area of education, Hepatitis Services is working to improve awareness, accuracy, and availability of information through the coordination and development of clinical and diagnostic guidelines and an interdisciplinary curriculum for all health providers (including nurses and physicians). This curriculum will emphasize standardized evidence-based protocols and guidelines.

In addition to acting as a clearinghouse for accurate information, Hepatitis Services will assist others in developing culturally and educationally appropriate information, and ensure its availability in various formats, such as video, printed materials and the internet.

Hepatitis Services is assisting community activities through community participation including the Provincial Hepatitis Advisory Committee – a multidisciplinary committee with a mandate to help establish program priorities.

Hepatitis Services is also working with existing agencies to improve access to decision making information, to streamline and integrate multiple databases, ensure confidentiality and privacy concerns, and facilitate links for information sharing. This program will partner with existing information management structures including the Health Canada sponsored Canadian Viral Hepatitis Network.

Hepatitis Services will also provide administrative and coordinative support to hepatitis-related research activities.

Laboratory Services



Dr. Judith Isaac-Renton, Director

Laboratory Services provides state-of-the-art public health, reference and diagnostic microbiology testing, clinical consultations as well as research and development in support of the control of communicable diseases in the province. These communicable disease laboratory services are uniquely supported by this laboratory in the most cost effective manner.

Services include an extensive range of molecular epidemiology, testing and consults, environmental assessments (water and food surveillance, outbreak detection and management) as well as tuberculosis, enteric and parasitology reference services. Comprehensive virologic services and STD testing are also an integral part of Laboratory Services.

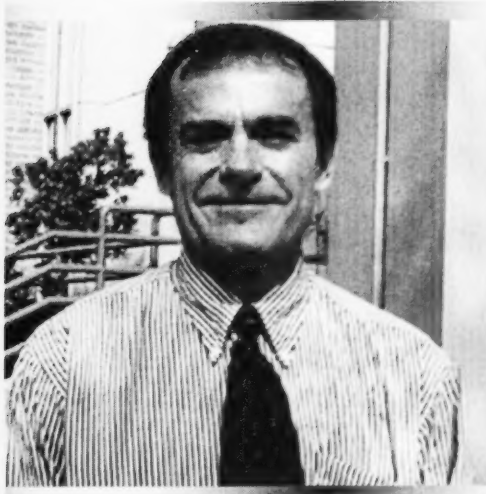
Intensive all staff strategic planning and visioning was carried out in 2000. Our mission is to provide leadership in medical microbiology and to provide laboratory services for the detection and control of communicable diseases through action, assessment, sharing information, learning, and policy development. Our three, five-year goals are: to be leaders in molecular testing; to be leaders in Laboratory Quality Management Systems; and to be leaders in Laboratory Informatics.

Our five Platform Technology Teams (Sequencing, Pulsed-Field-Gel Electrophoresis, Nucleic Acid Technologies, TB Spoligotyping and Flow Cytometry), Program Teams (Containment Level 3 and Biosafety, Quality Team, Molecular Epidemiology Team) and our Leadership Clusters (Environmental Services, CL3/TB, Bacteriology, Virology, and Zoonoses/Emerging Pathogens) are all forging ahead toward these goals with renewed vigour. Collaborations and partnerships are flourishing within and outside the Centre.

Laboratory Services has been particularly active in enhancing tools for laboratory surveillance of communicable diseases. Most of our projects have been on food-borne (*E. coli* 0157) and water-borne (*Cryptosporidium*) outbreaks. Our teams are proud of their contributions to earlier detection, investigation and intervention!

Laboratory Services is also an active centre for academic work with numerous projects underway in environmental and other public health related areas. We provide province-wide training of healthcare workers including technologists, physicians, nurses and undergraduate as well as post-graduate medical residents.

STD/AIDS Control



Dr. Michael Rekart, Director

STD/AIDS Control monitors and directs province wide efforts to reduce the spread of sexually transmitted diseases (STDs) and HIV and to minimize their adverse health effects in British Columbia.

Policies and procedures for prevention, management and control of STDs and HIV are recommended by STD/AIDS Control and expert consultation is available to public health practitioners for the diagnoses and management of these diseases. A central registry and reporting system for reportable cases of STDs and AIDS is maintained and monitored.

An STD/HIV clinic is operated by the Program to provide ambulatory, free and confidential assessment, treatment and education on STDs as well as counselling and referral for those who are HIV positive. The clinic provides an excellent venue for ongoing clinical research and is used as the major provincial training site in STDs and HIV for medical residents, interns and public health nurses.

The STD/AIDS Prevention Street Nurse Program is aimed at reducing the transmission of STDs and HIV amongst street-involved persons. The program is focussed on STD/HIV education, testing, diagnosis and management. Support and advocacy, crisis counselling, first aid and medical and social service referrals are provided. The program also serves as the major provincial training site for STD/HIV outreach.

The BC Aboriginal AIDS Awareness Program (BCAAAP) provides on-site STD and HIV/AIDS education to Aboriginal communities on and off reserve. The program provides high quality community-based workshops and professional development training for Aboriginal health and human service workers, and Band and Tribal Councils in order to plan and deliver culturally sensitive and sound education sessions.

The STD/AIDS Education and Training Unit Program provides training programs in STD diagnosis and treatment, HIV testing and counselling and STD outreach nursing.

STD/AIDS Control is supported by its Resource Centre which provides information on STD/HIV/AIDS to health care practitioners, schools, businesses and the public in a variety of media.

Tuberculosis Control



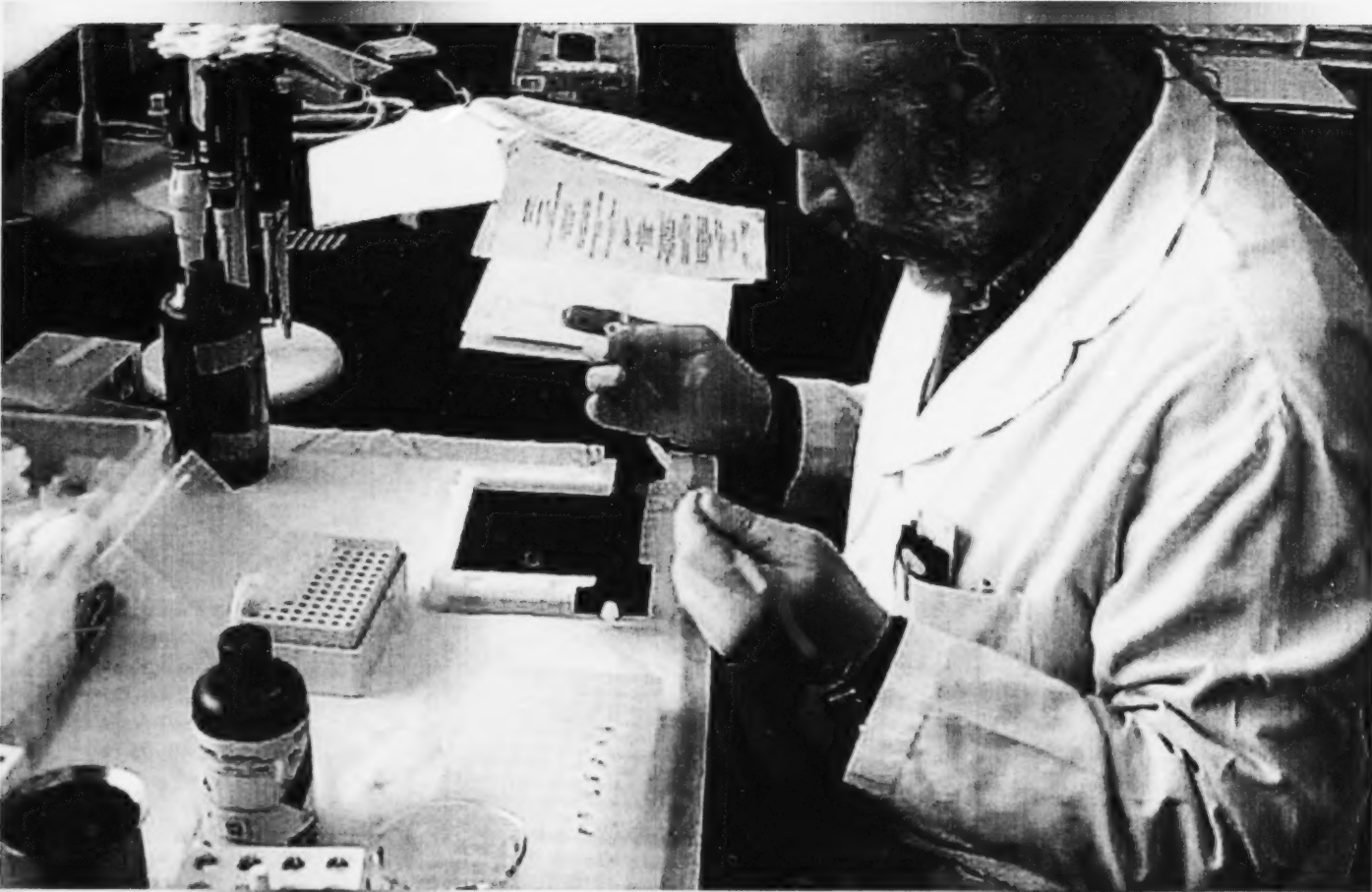
Dr. Kevin Elwood, Director

Tuberculosis (TB) Control serves as British Columbia's referral centre for the prevention, treatment and control of tuberculosis and maintains and monitors a registry of all active cases of TB in the province. The program's operations ensures a progressive reduction in the annual incidence rate of active tuberculosis and the associated rate of mortality.

Policies and procedures for prevention, management and control of tuberculosis are recommended by TB Control and expert consultation is available to public health practitioners for the diagnoses and management of tuberculosis.

Clinic services are provided to the public through outpatient clinics in Vancouver and New Westminster; a Street Nurse Program provides supervised treatment for tuberculosis in the downtown east side of Vancouver and Field Operations provides consultative clinics in various locations of the province to serve those clients outside of the lower mainland. Tuberculin skin testing, contact tracing, vaccination, X-ray, arrangement of hospital admission for treatment, supervised treatment and follow-up of active cases are some of the services provided.

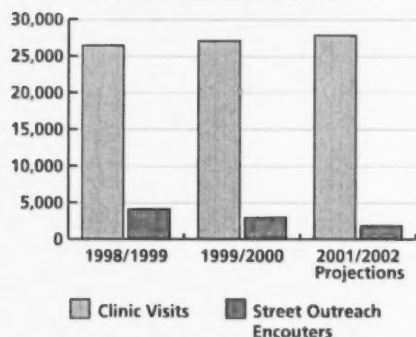
TB Control contracts with the federal government to provide services to Aboriginals living on or off reserve and contracts with the government of Yukon to provide services to that region.



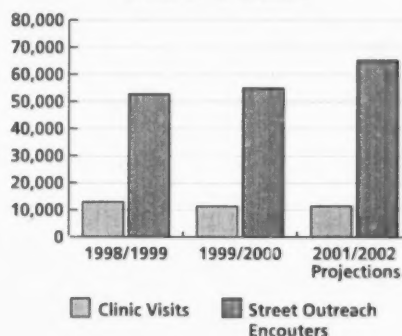
Adapting Quickly to Change.

Projected Service Volumes for 2001/2002

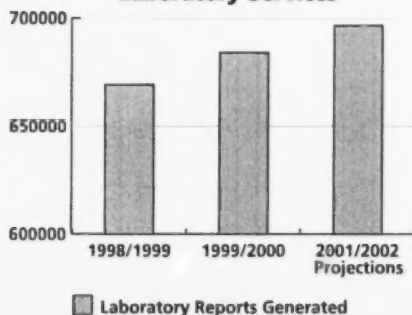
Tuberculosis Control



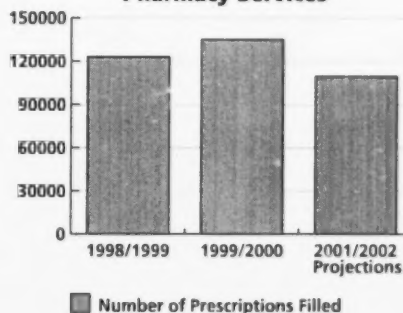
STD/AIDS Control



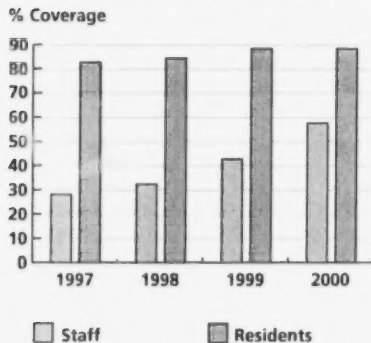
Laboratory Services



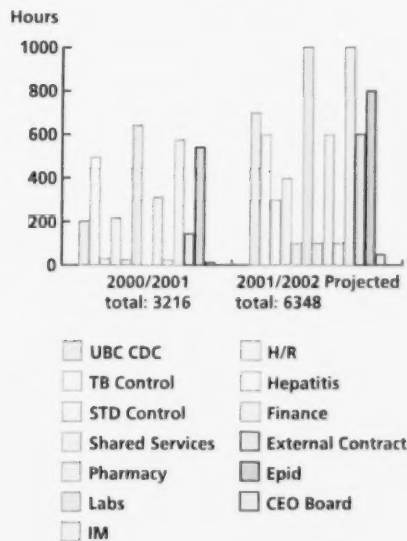
Pharmacy Services



Influenza Immunization Coverage: Health Care Facilities, BC



Administration Business Centre Services





We Always Meet or Exceed Our
Client's Expectations.

Service Goals

We continuously perform services that are of value to our clients, ourselves and our Province.

The following six goals and the respective service objectives will be advanced this year.

1. Eliminate and Control Communicable Diseases
2. Detect and Respond to New Disease Threats
3. Develop Advanced Informatics
4. Foster Applied Research and Innovation
5. Maintain Public Health Excellence
6. Provide Leadership and Support Partnerships

1. Eliminate and Control Communicable Diseases
Through the application of evidence based public health policies:

- Eliminate endemic transmission of communicable diseases – syphilis, diphtheria, pertussis, polio, measles, mumps, rubella, *Haemophilus influenza* type B, hepatitis B.
- Achieve effective control for selected diseases for which elimination may not yet be achievable such as tuberculosis, HIV, hepatitis A, hepatitis C, gonorrhea, chlamydia and influenza.

We will do this by:

- Validating the scoring system of the recently developed ranking system for communicable disease priorities.
- Improving healthcare worker influenza vaccine uptake.
- Developing a prospective protocol to clarify the epidemiology of at least one important agent for which the current situation is unclear (*helicobacter*, norwalk agent, RSV).
- Implementing enhanced vaccination programs for hepatitis A and B for people already infected with the hepatitis C virus and for injection drug users (IDUs) and men who have sex with men (MSMs).
- Implementing of a universal infant vaccination program for hepatitis B.

- Revising the HIV testing protocol with provincial and federal partners.
- Advocating the expansion of the accessibility and availability of azithromycin for the treatment of STDs (NGU, MPC, contacts, First Nations).
- Coordinating a national evaluation to prevent HIV perinatal transmission.
- Surveying through population based serology to examine the distribution of waterborne diseases.
- Developing alternative short course (2 to 4 months) regimens for preventative treatment for tuberculosis and determining complications of hepatitis C in high risk groups.
- Determining a process of reporting outcome measures for contact tracing for tuberculosis when there are less than 20 contacts per index case.
- Targeting foreign born groups residing in the lower mainland who are at high risk for tuberculosis.
- Completing a final report on the promotion for use of the female condom in the Aboriginal population.
- Validating then implementing use of clustering restriction fragment length polymorphism Restriction Fragment Length Polymorphism (RFLP) laboratory fingerprinting typing of all isolates of *M. tuberculosis*.
- Developing environmental services in areas of quality assurance, testing and informatics to meet the new level of water testing as per the *Canadian Drinking Water Guidelines*.
- Commencing strategic planning and determination of effective measures and outcomes in all programs.
- Determining the effectiveness of contact surveillance of immigrants for tuberculosis by comparison to notifications of immigrants designated for postlanding surveillance.



Responding to Water and Foodborne Disease Outbreaks.

Service Goals

2. Detect and Respond to New Disease Threats

Develop the institutional mechanisms to rapidly recognize and respond to emerging infectious disease threats to health – water and foodborne disease outbreaks, pandemic influenza planning, bioterrorism, new emergent infectious disease agents.

We will do this by:

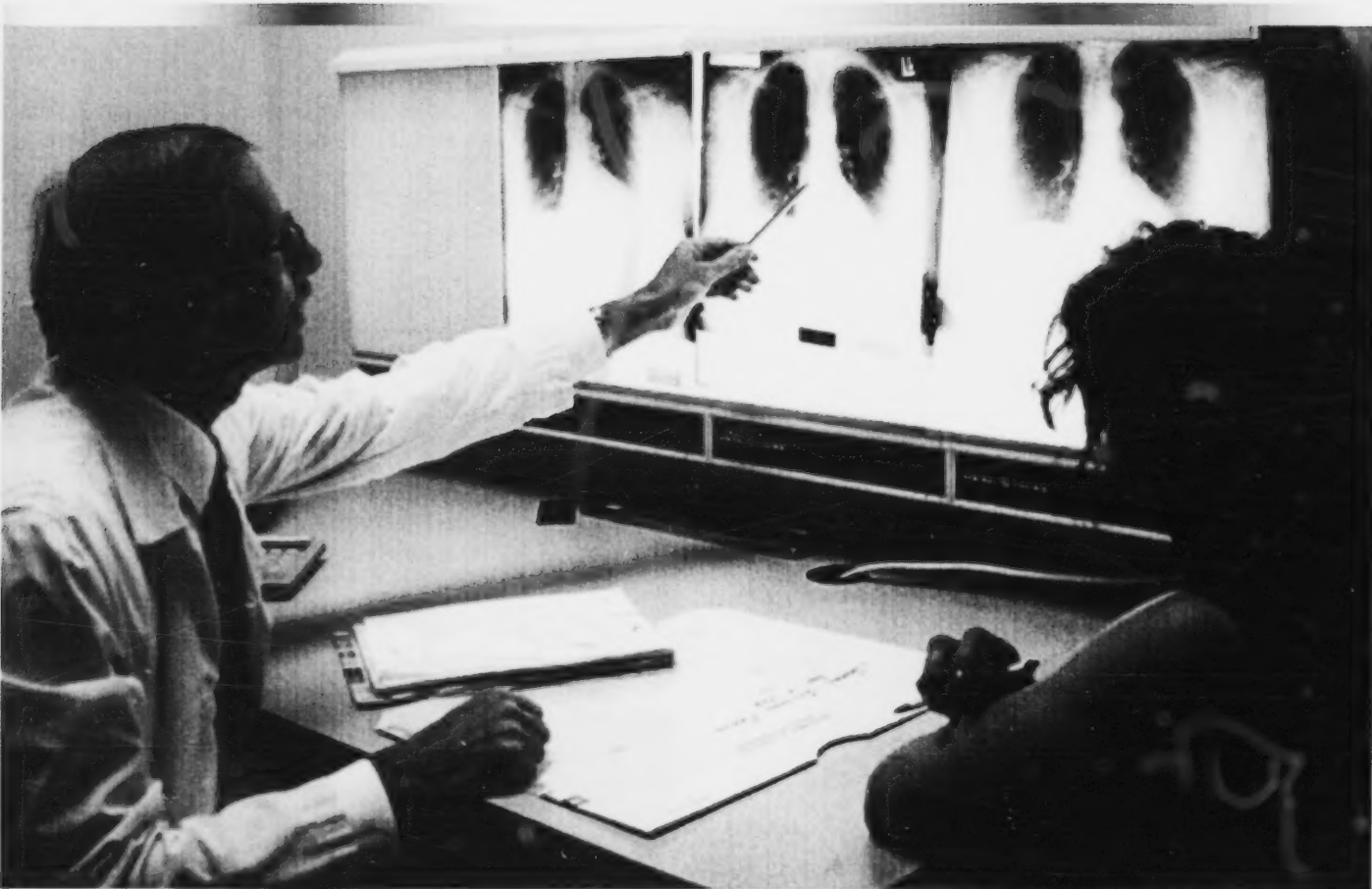
- Including transfusion transmissible infections as reportable diseases under the Communicable Disease Regulations.
- Posting all BCCDC's existing communicable disease policies and guidelines and the provincial immunization manual on BCCDC's web site.
- Coordinating the development of clinical and diagnostic guidelines for viral hepatitis.
- Acting as a clearinghouse to ensure medical accuracy of information on viral hepatitis, to facilitate the development of culturally and educationally appropriate information, and to ensure its availability in different formats (e.g., web based, videos and printed materials).
- To molecularly fingerprint food borne pathogens and transfer the "fingerprints" electronically to centralised national and international databases (PulseNet).
- Establishing an enhanced sentinel physician network for early recognition of viral respiratory diseases.
- Improving contacts with clinical practitioners and laboratories to investigate unexplained deaths due to infection in previously healthy young people.
- Developing viral hepatitis interdisciplinary curriculum for health providers, nurses, physicians and social services workers to build capacity to provide prevention and care
- Validating and supporting the recently developed response protocols for bioterrorism, Risk Group 4 spills and response to viral hemorrhagic fever.
- Advocating a universal childhood varicella (chicken pox) immunization and catch-up program and a conjugated pneumococcal immunization program.
- Introducing an immunization certification program for nurses and providing immunization in-services to at least three health regions.
- Increasing the use of geospatial analysis for enhanced surveillance of communicable disease.
- Investigating social network analysis to better control STDs, especially syphilis.
- Developing an increased risk analysis for factors for hepatitis B and C.
- Developing a Reproductive Health Strategy which will include pregnancy planning services for street youth, antibiotic prophylaxis for therapeutic abortions, emergency contraception access/evaluation, review of pelvic inflammatory disease policies and pregnancy services to street youth.
- Exploring the feasibility of expanding the TB Nurse Outreach Program to include services to immigrants and refugees.
- Establishing a protocol to screen for tuberculosis in arriving migrants.

Service Goals



- Enhancing STD/HIV prevention and control programs and health sexuality education for immigrants and refugees.
- Developing an expanded peer education program for STD/HIV.
- Negotiating the retention of the STD/HIV Street Nurse Program with Vancouver/Richmond Health Board and the Ministry of Health Services and extending services to other areas.
- Developing an educational video on tuberculosis specific for Aboriginals and expanding the community based education program through the UBC Institute of Health Promotion.
- Merging TB programs for Aboriginals to provide a centralized support service.
- Coordinating a joint BC Aboriginal AIDS Awareness Program (BCAAP)/Healing Our Spirit project to develop, pilot and disseminate education materials developed specifically for Aboriginals; including a hepatitis C Training Tool Kit for Aboriginal health care workers.
- Integrating with the growing national network of Centres of Excellence for Clear Water.
- Improving the accessibility and acceptability of current and new STD/HIV educational materials.
- Fully implementing the universal infant vaccination program for hepatitis B.
- Developing a model best suited to deliver an integrated STD Prevention and Care Management Program based on a nursing/nurse practitioner model of service delivery.
- Developing programs and materials directed specifically at children and young adults affected by hepatitis.
- Reviewing educational materials including hepatitis related Health Files for cultural and social sensitivity and for appropriate literacy levels.
- Developing a process of expert adjudication for Pharmacare on provision of treatment for hepatitis to people who fall outside established criteria.
- Advocating the expansion of STD/AIDS Control programs in Vietnam and exploring the potential to assist in other international jurisdictions (eg. Guyana).
- Evaluating Herpes Simplex Virus testing with nucleic acid technology for genital samples.
- Enhancing the work in Zoonotic and Emerging Pathogens by further developing collaborations with the BC Animal Health Care Centre and the National Microbiology Laboratory.

- Implementing mathematical modeling for hepatitis C, influenza and waterborne diseases.
- Assisting in the development of a BC and a Canada-wide Drinking Water Network.
- Empowering our Molecular Epidemiology Team to identify and develop molecular epidemiology testing in support of outbreak investigation and management and control of communicable disease.
- Developing an advanced assurance (laboratory accreditation) framework to support province wide testing to meet *Canadian Drinking Water Guidelines*.
- Enhancing appropriate Nucleic Acid Technology based diagnostic and molecular epidemiology tests.
- Commissioning and certifying the Containment Level 3 laboratory suites; training staff and others in enhanced Laboratory Biosafety practices in operations and developing the Containment Level 3 program.
- Conducting a GAP analysis of Laboratory Service Quality Management Systems.
- Develop new informatics programs in Quality Software Laboratory for document control in support of Quality Assurance with Information Management.
- Preparing Laboratory Services for the BC College of Physicians and Surgeons Diagnostic Accreditation Program on-site inspection.
- Expanding the Quality Assurance and Laboratory Accreditation Program for water testing in BC.
- Moving towards the new International Standards Organization (ISO) Laboratory Standards 15189 (Quality Management Systems) in synchrony with ISO 9000 Standard, Centre-wide.
- Improving accessibility and acceptability of current and new educational materials and simplifying them to target low literacy readers, languages, and new language requirements.
- Defining educational opportunities at BCCDC for BCIT Environmental Health Officers.
- Upgrading "The Control of Communicable Disease" course.
- Offering BCCDC's centre video "Protecting Public Health" to public health staff as an orientation to BCCDC's services and programs.
- Establishing Human Resources at BCCDC.
- Determining revenue generation sources such as screening immigrants for tuberculosis; conducting environmental (drinking water) testing; and contracting for biosafety and biocontainment services.
- Relocating the New Westminster tuberculosis clinic to a hospital facility.
- Evaluating management of tuberculosis clinics by nurses rather than physicians similar to the STD clinic operation.
- Surveying the public, public health staff and other users of BCCDC's programs and services to determine areas for improvement.
- Formalizing terms of reference for all Laboratory Quality Teams including Staff Development, Internal Quality Audits and Continuous Quality Improvement mandated towards improving quality systems.



On the Alert for Imported and Travel Related Infections

Service Goals

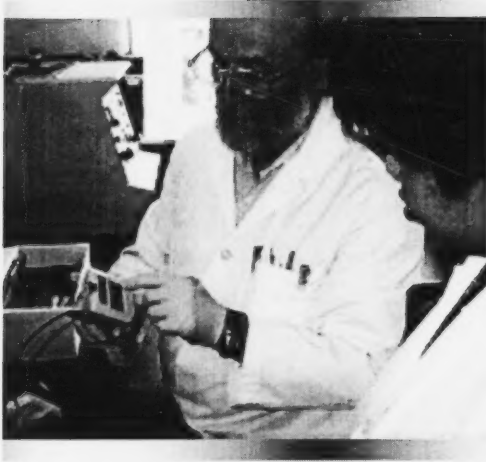
3. Develop Advanced Informatics

Develop advanced distributive information systems for surveillance, alert and performance monitoring purposes in public health.

We will do this by:

- Testing for electronic reporting for faster response to biological associated adverse effects.
- Developing a long term vaccine safety surveillance plan and program and exploring linkage of vaccine records to hospital and physician databases.
- Enhancing surveillance for antibiotic resistant organisms by developing relationships with other laboratories and BC Canadian Association of Medical Microbiologists to better understand the epidemiology.
- Improving epidemiological analysis and pattern detection of tuberculosis.
- Developing a data model for enhanced laboratory surveillance of waterborne infections.
- Examining the feasibility of using current statistical approaches to determine if diseases may be approaching outbreak levels in real time and automated fashion.
- Designing geographical information systems for increased surveillance and control.
- Exploring electronic requests for tuberculosis patient files with the aim of reducing costs.
- Completing a feasibility study to determine ways and means of providing direct access to the Immunization Registry by physicians.
- Developing strategic information management to support enhanced tracking, surveillance and care of hepatitis patients to provide data to improve forecasting and to allow evaluation of services for both prevention and care.
- Developing informatics structures to support enhanced tracking, surveillance and care of hepatitis and further mapping and developing data models to support implementation of informatics integration for hepatitis.
- Establishing drinking water, emerging pathogens and enhanced laboratory surveillance programs with provincial and national laboratory and epidemiology groups.
- Collaborating with Ministry of Water, Lands and Air Protection on drinking water quality laboratory investigations and data gathering.
- Developing environmental services informatics to assist in meeting the new level of water testing set out by the *Canadian Drinking Water Guidelines*.
- Determining the cost benefit to purchase a new Laboratory Services Information System.
- Developing an intranet capacity to support a Laboratory Quality Management System.
- Improving security and confidentiality of information systems including expanded use of the Virtual Private Network.
- Developing the concept of automated surveillance of reportable diseases.
- Expanding funding relationships with the Ministry of Health Services.

Service Goals



- Continue the partnership with Health Canada and other jurisdictions in Canada.
- Enhance the use of the maternal/child screening components by the Public Health Providers.
- In conjunction with Epidemiology, developing a strategic plan for Public Health information management in BC and expanding PHIS's full use in British Columbia.
- Exploring data sharing between Health Authorities and First Nations in B.C. for immunization records.
- Expand use of Lab Test Standards to other labs.
- Enhancing the Public Health Information System (PHIS) by:

Updating case definition.

Finalizing data sharing agreements.

Expanding funding relationships with the Ministry of Children and Family Development and the Ministry of Health Services.

Preparing for migration to world wide web (w.w.w.) operations.

Developing TB, STD and HIV modules.

Complying with the Health Canada contract.

Expanding the use of the maternal/child screening components by the Ministry of Children and Family Development

Providing access to Provincial Corrections health services for entry of their immunization data.

Developing a strategic plan for public health information management in BC and expanding PHIS's full use in British Columbia.

4. Foster Applied Research and Innovation

Establish an environment that fosters discovery of research findings of international significance and which contribute to evidence based policy development.

We will do this by:

- Testing a rigorous scientific protocol for determining the efficacy of acellular pertussis vaccine in an adolescent population in the event of an outbreak in Canada.
- Continuing data analysis of a recent study assessing risk factors for acquiring multi-drug resistant *Salmonella Typhimurium*.
- Determining the immunological and genetic mechanisms and modes of prevention of occulorespiratory syndrome following influenza vaccination and developing a sound basis for policy advice.
- Completing clinical trials on a new rapid, point of care test for gonorrhea which was developed by the Program for Appropriate Technology in Health.
- Conducting a case control study of *Yersinia enterocolitica* infections in BC.
- Evaluating the role of *Chlamydia pneumoniae* infection in coronary artery disease.
- Defining the mechanisms by which chlamydiae causes inflammatory fibrosis of tissue.
- Discovering new acellular vaccines for prevention of chlamydia infection.
- Determining genetic markers such as HLA alleles and mitochondrial DNA polymorphisms as risk factors for disease.
- Developing new mathematical models of infectious disease transmission based on non-linear system dynamics.
- Conducting a broad range of epidemiological, behavioral, laboratory molecular fingerprinting and diagnostic research on tuberculosis.
- Assessing the opportunity to initiate a Foundation for Research and Development.
- Completing an evaluation of the syphilis mass treatment cross sectional follow-up study in the downtown east side of Vancouver including laboratory molecular fingerprinting and publishing the results.
- Developing further strategies to reduce the syphilis outbreak in the downtown east side such as molecular laboratory fingerprinting, peer initiatives and social network analysis.
- Working collaboratively with industry to assess novel molecular diagnostic tests and their clinical utility.
- Successfully applying for external research grant funding and publishing research findings in quality peer-reviewed journals.
- IM to continue to explore and build on links with Pan-Canadian and Electronic Health Record initiative (EHR).



Attracting the Best and the Brightest.

Service Goals

5. Maintain Public Health Excellence

Promote and develop the skills of highly qualified persons to sustain and support state of the art public health services throughout the province.

We will do this by:

- Forming a new Board of Directors for BCCDC; developing a new model of governance; determining Board operating policies and principles; and determining indicators of successful governance;
- Developing a more integrated organizational model to emphasize the synergy of the components of BCCDC and a de-emphasizing of the "Divisions".
- Addressing the recommendations from the Canadian Council on Health Services Accreditation.
- Determining opportunities for professional development for all staff.
- Improving personal computer skills of all staff by expanding the Networked Learning Centre.
- Increasing desktop training and providing loans for personal purchase of desktop computers.
- Attracting skilled competent reliable staff.
- Strategically planning for increased education opportunities through the use of Staff Development Teams.
- Developing real time electronic access to BCCDC Public Health Grand Rounds.
- Increasing training experiences for federal field epidemiologists.
- Ensuring that actions identified from the results of the 2000 Employee Opinion Survey have all been addressed.
- Continuing support and promotion of the Employee Suggestion Program and the Caught In The Act! peer recognition program.
- Enhancing the Long Term Service Award Program as necessary.
- Developing an organizational development program to initiate and support staff excellence.
- Increasing the number of first aid attendants to four to ensure adequate first aid coverage.
- Training selected employees in search and rescue techniques in preparation for an earthquake or other natural disaster.
- Undertaking a multi-year program of seismic restraint of equipment and furniture to systematically restrain the larger items in the building.
- Offering training for prevention and management of violence in the workplace.

Service Goals



6. Provide Leadership and Support Partnerships

Provide leadership and create alliances in order to facilitate the development of an integrated public health system for British Columbia.

We will do this by:

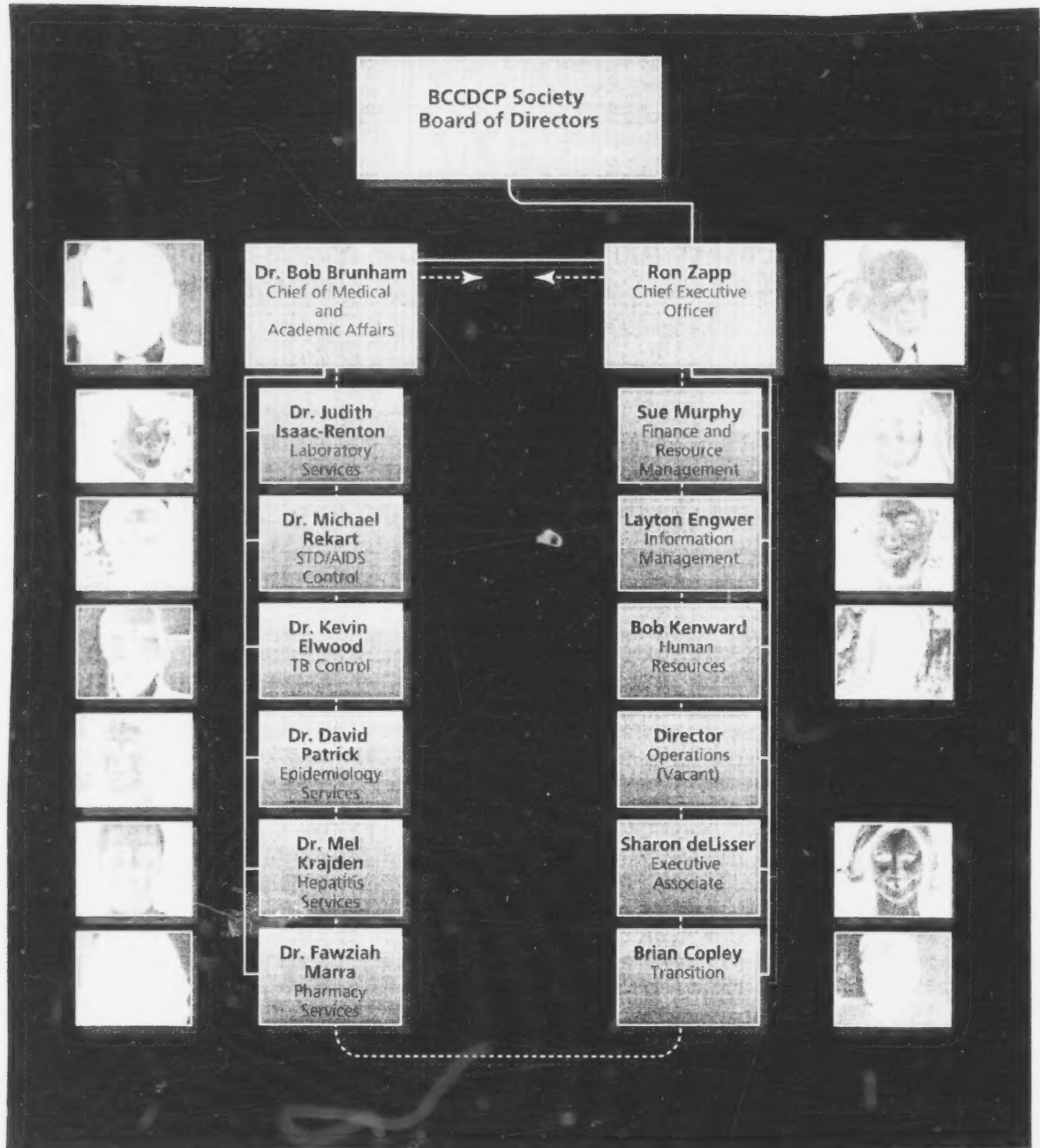
- Coordinating a strategic planning process for community service organizations to ensure more effective use of limited resources, reduce needless duplication, and address issues of confidentiality and privacy of client data.
- Partnering with Vancouver/Richmond Health Board to increase surveillance and preventative therapy for those at high risk for tuberculosis in the downtown east side of Vancouver.
- Increasing partnerships with Public Health Nursing and Ministry of Health Services to improve overall program development.
- Advocating funding from First Nations and the Inuit Health Branch to support the BC Aboriginal AIDS Awareness Program.
- Implementing electronic linkages to radiological digital imaging for tuberculosis at Providence Health Care, St. Paul's Hospital and Vancouver General Hospital.
- Assisting external sites with an assurance program of training, consultation and support to provide Point of Care Rapid HIV Testing in accordance with BCMA Laboratory Diagnostic Accreditation Program.
- Developing collaborations with BC Cancer Agency for testing and follow-up of the human papilloma virus.
- Leadership in health surveillance and information or in partnership with Health Canada

- Strengthening partnerships with the Genome Sequence Centre at BC Cancer Agency for development of molecular epidemiologic studies.
- Commencing negotiations for the construction of a Research Centre for Infectious Diseases.
- Working with Providence Health Care and Vancouver Hospital and Health Science Centre laboratory leaders to develop Laboratory Quality Management Systems.
- Partnering with public and private sector environment testing facilities to develop capacity while maintaining excellent quality to meet laboratory testing at Canadian Drinking Water Guidelines level.
- Partnering with the National Microbiology Laboratory on molecular platform technologies and development of collaborative projects.
- Supporting the Ministry of Health Services in its partnership with the Ministry of Environment, Lands and Parks to protect provincial watershed and drinking water quality.
- Partnering with laboratory leaders in Health Canada and in other provinces to develop standardized and integrated tools of laboratory surveillance.
- Networking with Health Canada and National Centres of Excellence (Canada Water Network) on risk assessment for drinking water.
- Participating in the University Networking Project (\$3 million for capital funding for research) to facilitate research through enhanced access to UBC and external information resources, sharing of research data and electronic collaboration among researchers internal and external to BCCDC.
- Developing a strategy in partnership with community groups, patients, First Nations communities, the Ministry of Health Services and other stakeholders to counteract increases in unsafe sexual behavior in the province.
- Strengthening the coordination and collaboration with Vancouver/Richmond Health Board under the Vancouver Agreement.
- Improving partnerships with Medical Health Officers by engaging them in collaborative projects, offering rotations at BCCDC and presenting infectious disease continuing education updates at Health Officers Council.
- Working towards a National Public Health Laboratory Forum (Canadian Public Health Laboratory Director's Network).
- Fostering collaborations with the National Microbiology Laboratory to develop new nation-wide projects in selected areas.
- Developing plans for local school boards to provide the immunization status of their students to their local health region for entry into the Immunization Registry.
- Pursuing data sharing agreements with First Nations and Inuit Health for immunization and communicable case data.
- Participating in the CDC Atlanta Epidemiological Trials Consortium.
- Working with CDC Atlanta on drinking water laboratory surveillance (Cryptosporidium) and molecular epidemiology projects (Pulse Net).
- Working with the Canadian Viral Hepatitis Network to improve data collection to enhance the knowledge of hepatitis prevention and care.
- Support a partnership between local Boards of Education to improve provision of public health services such as immunizations and screening.

Service Framework

We respect and support each other. The rights and needs of each one of us are important to all of us. We all have the right to be heard in the decisions that affect us.

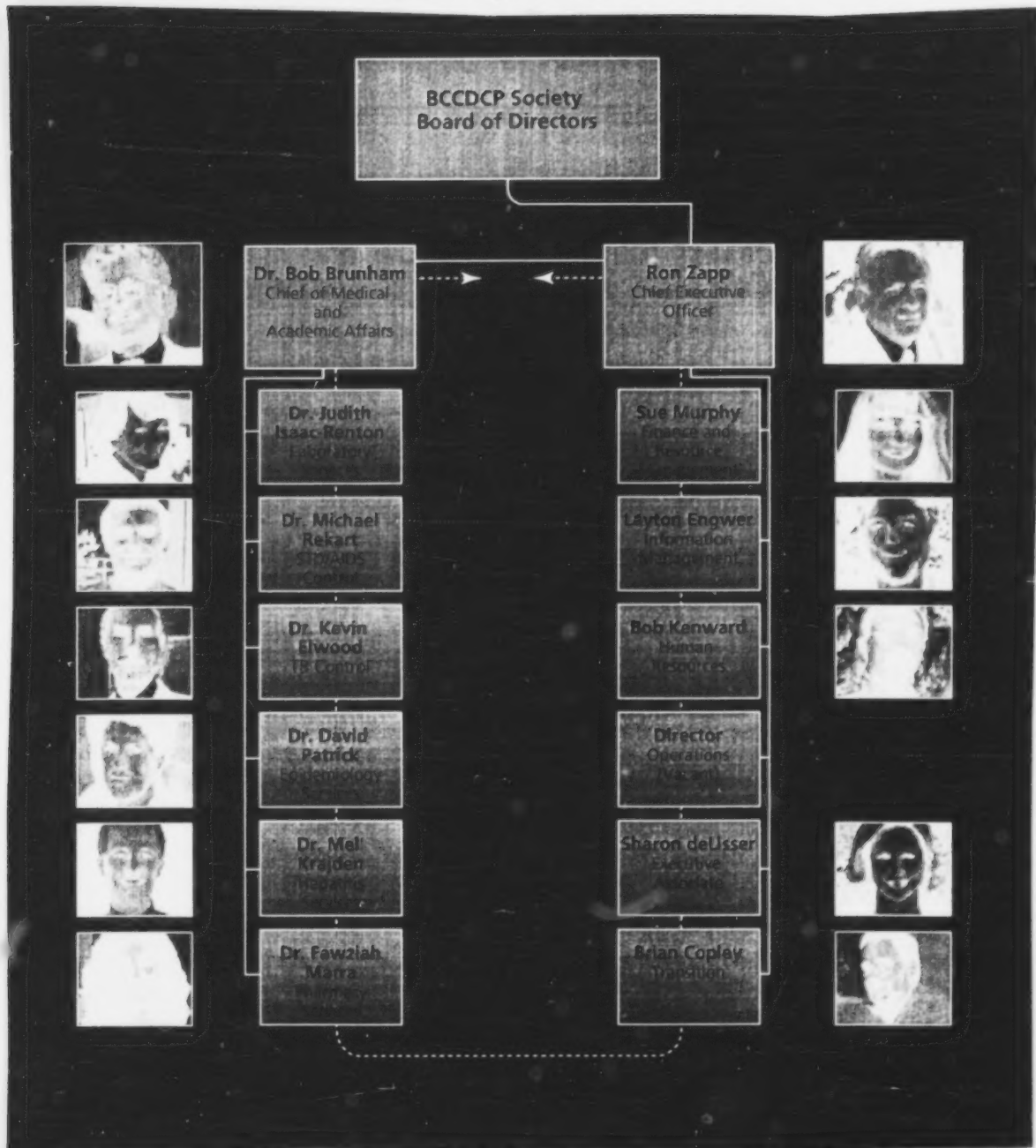
BCCDC Management Team



Service Framework

We respect and support each other. The rights and needs of each one of us are important to all of us. We all have the right to be heard in the decisions that affect us.

BCCDC Management Team



BCCDC values the importance of open communication for the fulfillment of its mandate.

Accountability

BCCDC's Chief Executive Officer is responsible for BCCDC and is accountable to the Board of Directors for sound management in accordance with the highest public and private sector standards. The major task of the CEO is to successfully implement the annual Service Plan in conjunction with UBC. To that end the CEO ensures that the organizational structure supports BCCDC's mandate, objectives and targets as stated in the Service and Financial Plans.

- BCCDC embraces a service excellence ethic in all client relations.
- BCCDC offers high quality accessible services.
- BCCDC respects human dignity and the confidentiality of personal information.

BCCDC's Chief Executive Officer and the Director of Finance and Resource Management are delegated authority to determine BCCDC's practices and policies with respect to freedom of information and protection of privacy.

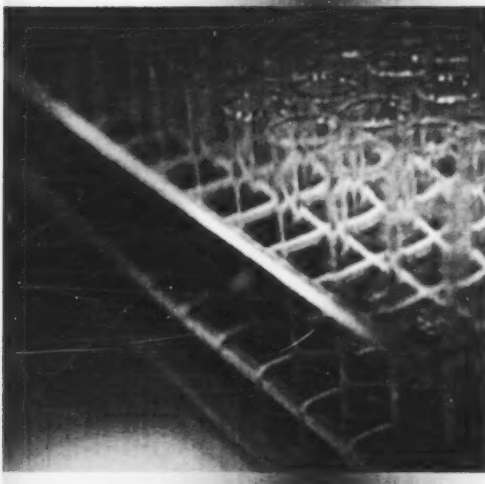
This Service Plan is publicly available.

Communications

BCCDC employs a comprehensive communications strategy to:

- Address corporate image and profile.
- Respond quickly to the public's "need to know".
- Inform and educate the people of British Columbia.
- Provide an enhanced broadcast and print media relations capacity.
- Freely share information among ourselves.
- Maintain open channels of communication between ourselves and our clients.

Service Framework



Financial Administration

BCCDC is set up as a distinct entity. A specific funding allocation from Ministry of Health Services, Regional Programs is designated for BCCDC. The Chief Executive Officer is delegated the responsibility of Executive Financial Officer for BCCDC to support BCCDC's business. The Director of Finance and Resource Management is given the responsibility of Senior Financial Officer of BCCDC. The annual BCCDC Service Plan includes a comparative statement of operations.

Where BCCDC's services lend themselves to revenue generation BCCDC considers current applicable policies, market forces and the need to recover appropriate program and overhead costs when establishing fees. All costs of operating these revenue generating services are intended to be fully recovered.

This year a 20% increase over past year research grant sources is targeted; revenue generated in excess of related costs will be shared between BCCDC and UBC CDC.

The accounts of BCCDC are prepared on an accrual basis in accordance with generally accepted accounting policies. BCCDC compiles monthly reports of its financial position and progress against its objectives and performance targets. Quarterly reports are submitted to the Board of Directors. BCCDC is subject to an annual independent audit. BCCDC conducts internal and special audits as required.

BCCDC has set a goal that 3% to 5% of its annual service delivery costs should be saved through efficiencies and reallocated to new or expanded programs. When BCCDC is asked to deliver services or programs additional to those detailed in the annual BCCDC Service Plan, BCCDC may request that the Ministry of Health Services consider adjusting funding.

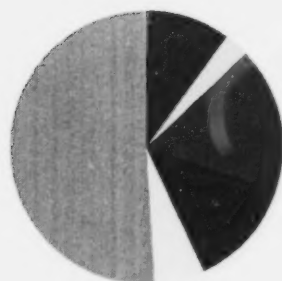
Statement of Operations

	2001/2002 Budget \$	2000/2001 Actual \$	1999/2000 Actual \$
Revenue			
MOH/VRHB Grant	47,563,120	37,284,701	35,177,166
Recovery from Medical Services Plan	466,700	1,414,205	1,392,030
Other Funding	3,774,447	3,722,345	2,982,218
Amortization of Deferred Capital Contributions	1,060,000	812,410	584,592
Total Revenue	52,864,267	43,233,661	40,136,006
Expenses			
Salaries and Wages	13,508,301	13,662,567	12,762,169
Employee Benefits	2,627,931	2,531,367	2,517,902
Contract Services	4,271,816	4,261,684	3,715,219
Equipment and Building Costs	6,808,278	576,303	394,589
Professional Costs	2,183,355	2,227,583	1,082,635
Administration Supplies and Services	1,951,396	1,832,674	1,678,965
Medical and Clinical Supplies	20,205,793	16,952,698	16,426,546
Other Healthcare Supplies and Services	221,070	217,507	114,466
Amortization	1,086,327	856,078	655,486
Total Expenses	52,864,267	43,118,461	39,347,977
Excess before undernoted items	Nil	115,200	788,029
Sick and Retirement Allowance, Unfunded	112,700	115,200	85,902
Excess/(deficit)	(112,700)	Nil	702,127

Note: The 1999/2000 surplus offsets the vaccine shortfall from 1998/1999

Service Framework

We always meet or exceed our client's expectations.



Full Time Employees

- Laboratory Services: 51%
- Epidemiology Services: 6%
- TB Control: 13%
- STD/AIDS Control: 17%
- Pharmacy: 3%
- Administrative and Support Staff: 10%



Bob Kenward, Human Resources Manager

Human Resources

A newly created internal Human Resources program brings needed support services to BCCDC. It will provide a "one stop shop" for human resource services including recruitment, labour adjustment, classification, development of policies and procedures, labor relations and performance management.

BCCDC complies with all public sector human resource policies applicable to funded agencies. BCCDC follows a policy of reassigning and retraining staff in response to program needs and changes.

Employees at BCCDC are represented by three unions: BC Government and Service Employees Union, BC Nurses Union and the Professional Employee Association.

Management and Funding Imperatives

Reporting Practices

Within 180 days following the end of the fiscal year, BCCDC is required to prepare an annual report for the Board of Directors detailing its performance for the year. The report includes an analysis of operational and financial results compared to service delivery plan targets as well as the audited operational and financial statements of BCCDC. Interim reports are prepared within 90 days of the end of each quarter and submitted to the Board.

Salary and Benefit Increases

Budgets are adjusted for any increases that result from contract settlements. It is anticipated that all physicians and scientists contracted or employed by BCCDC will be compensated at a level comparable to that paid in other organizations doing similar work.

Volume Increases

When aggregate volumes are greater than estimated, BCCDC may request additional funds to offset the incremental costs of the volume increases, resulting from "look-back" testing, increased public demand or other circumstances.

Inflation

Where costs associated with total non-salary expenditures increase due to inflation BCCDC may request an appropriate budget adjustment.

Volume Decreases

In years where aggregate volumes are less than estimated, a "best efforts" management strategy is employed to maintain targeted unit cost levels. The strategy recognizes that expenditure reduction may be impeded by statutory or other legal requirements and the degree of fixed costs involved in delivering the service. Multi-year budgeting will enable management of "peaks" and "valleys" in service demands from year to year.

Disease Outbreaks

In the event of a communicable disease outbreak BCCDC provides an initial estimate of the costs of the outbreak investigation. An analysis of the total costs incurred is submitted for repayment. It should be recognized that the initial estimate of the costs may be difficult to determine.

Service Framework



Layton Engwer, Director, Information Management

Information Management

The BCCDC recognizes that effective information management is essential to meeting our responsibilities for communicable disease surveillance, prevention and control. Our Division provides information management leadership to service divisions and the organization as a whole, and plays an important role in the development of national surveillance networks through partnerships with Health Canada and other provinces.

Our team is committed to the continuous improvement of information management tools and services for BCCDC staff and selected public health providers throughout BC who access our provincial information systems and communications networks. In addition to our focus on access, performance, and security of systems, we facilitate the use of information as an essential tool in service delivery, research and education.

A key success in information management leadership is the Provincial Health Information System (PHIS), used by public health providers across the province to manage and report on communicable disease, immunization, and other public health services. PHIS was piloted by the Ministry of Health in 1993 in two health regions, then transferred to the BCCDC for ongoing development and implementation in other interested regions. In addition to successful adoption by all regions of BC, the PHIS application was selected in 1999 by Health Canada as the platform for an integrated national public health system. Work is now underway to develop a web-enabled version that will be implemented in other provinces in 2002, and to develop modules for monitoring and control of tuberculosis and sexually transmitted diseases/HIV.

The Provincial Pharmacy is dedicated to providing high-quality pharmaceutical services that result in optimal patient outcomes in an environment that encourages excellence, teamwork, innovation and continuous improvement.



Dr. Fawziah Marra, Pharmacy Services

Pharmacy Services

Our goal is to provide a safe, cost-effective and efficient pharmaceutical care system, contributing to positive patient outcomes for specific disease programs facilitated by the BC Centre for Disease Control such as tuberculosis (TB), sexually transmitted diseases (STD), and vaccines.

To accomplish this goal, we employ an automated dispensing system for the most commonly prescribed routine medications. At the BCCDC, we are using the right tools in the right places to make certain that our patients receive the best dispensing services. This technology is cost-effective by minimizing drug dispensing errors and their associated morbidity.

We also use a state of the art standardized computer system (BDM) to keep track of the dispensed medication and clinical appropriateness of regimens. This system allow us to make certain that prescribed medications are thoroughly evaluated for safety and suitability before dispensing to the patient

The department is closely linked with the Faculty of Pharmaceutical Sciences at the University of British Columbia and provides training for undergraduate and postgraduate pharmacy students. Pharmacists also contribute to in-house educational programs for nursing and paramedical personnel.

Research initiatives include: (1) performing pharmaco-economic and outcomes analysis for evaluating publicly funded programs which provide antimicrobials for TB and STD management as well as programs in immunization; (2) helping to establish databases to collect information on regional utilization rates of vaccines; (3) developing enhanced surveillance systems for management of vaccine-related adverse reactions; (4) conducting a case-control study of the effectiveness of influenza vaccine in solid-organ transplant recipients; (5) evaluating quality of life issues for patients with active and latent tuberculosis.

Service Framework

We recognize when we do it better and celebrate our successes.

Recognition and Celebration

Employee Suggestion Program

Encourages creativity, initiative and continuous improvement. Provides recognition to individuals or teams and awards of up to \$2,000 per employee.

Peer Recognition Program

An informal process for staff to recognize their peers for "doing the extra", "excellence in service" and/or "acts of kindness".

Long Term Service Awards

Employees are recognized at the annual Celebration Dinner for their years of service.

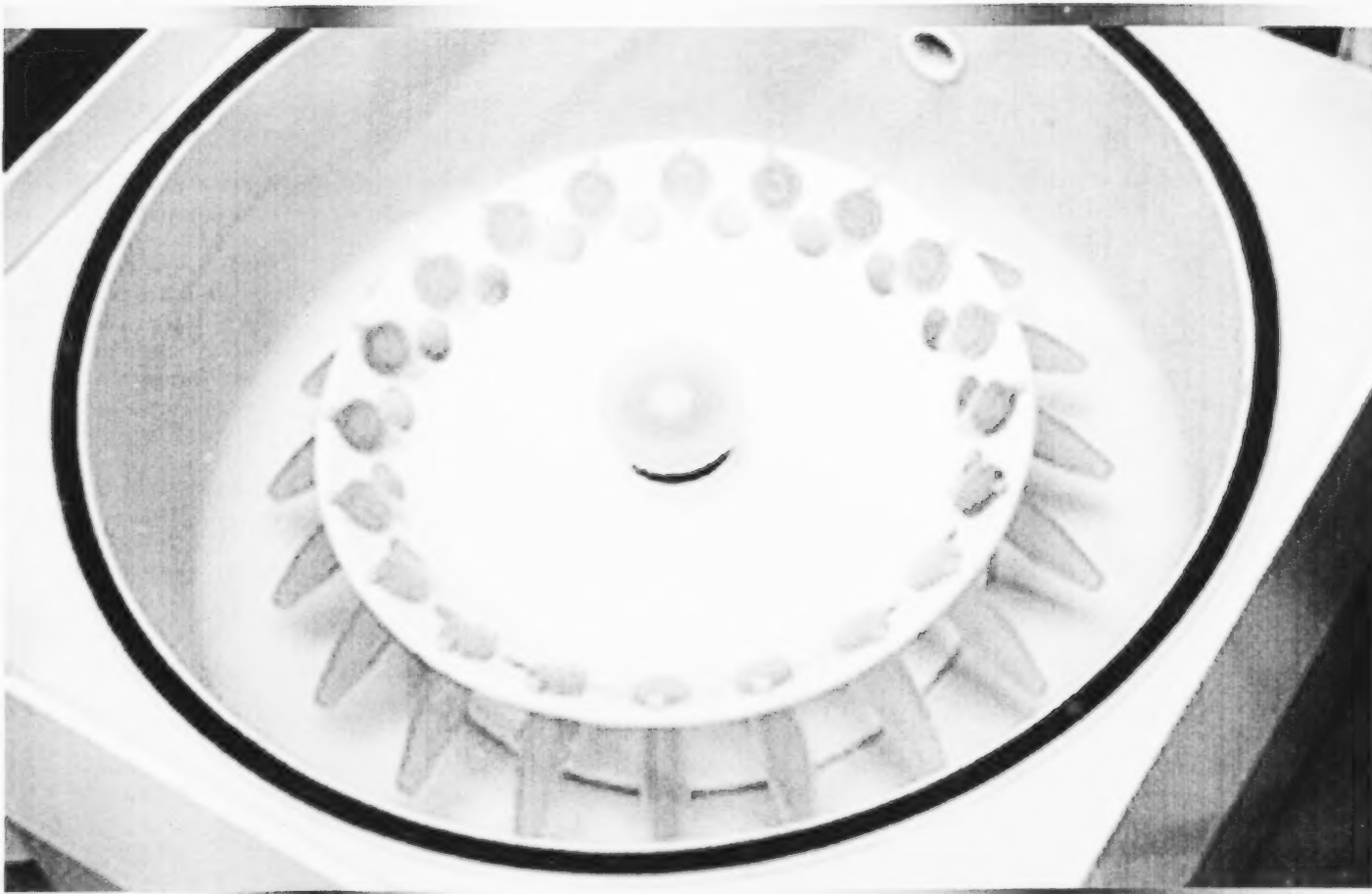
Training and Development

Our people are expert knowledge workers providing customer-driven services.

BCCDC is committed to employee training, career development, retraining and advancement.

To serve our clients, to meet accreditation standards, to remain current with scientific information and standards and to respond to changing market forces requires that our people be provided the best education and training possible.

BCCDC will continue to offer or participate in scientific events and promote professional and personal development.



2000/2001 A Year in Review

2000/2001 A Year in Review



25,000 reported cases of communicable disease

40,000 clinic visits

60,000 street encounters

1,000,000 laboratory procedures

thousands of consultations

hundreds of people educated and trained

Program Improvement Highlights

The following are specific program enhancements which were accomplished last fiscal year.

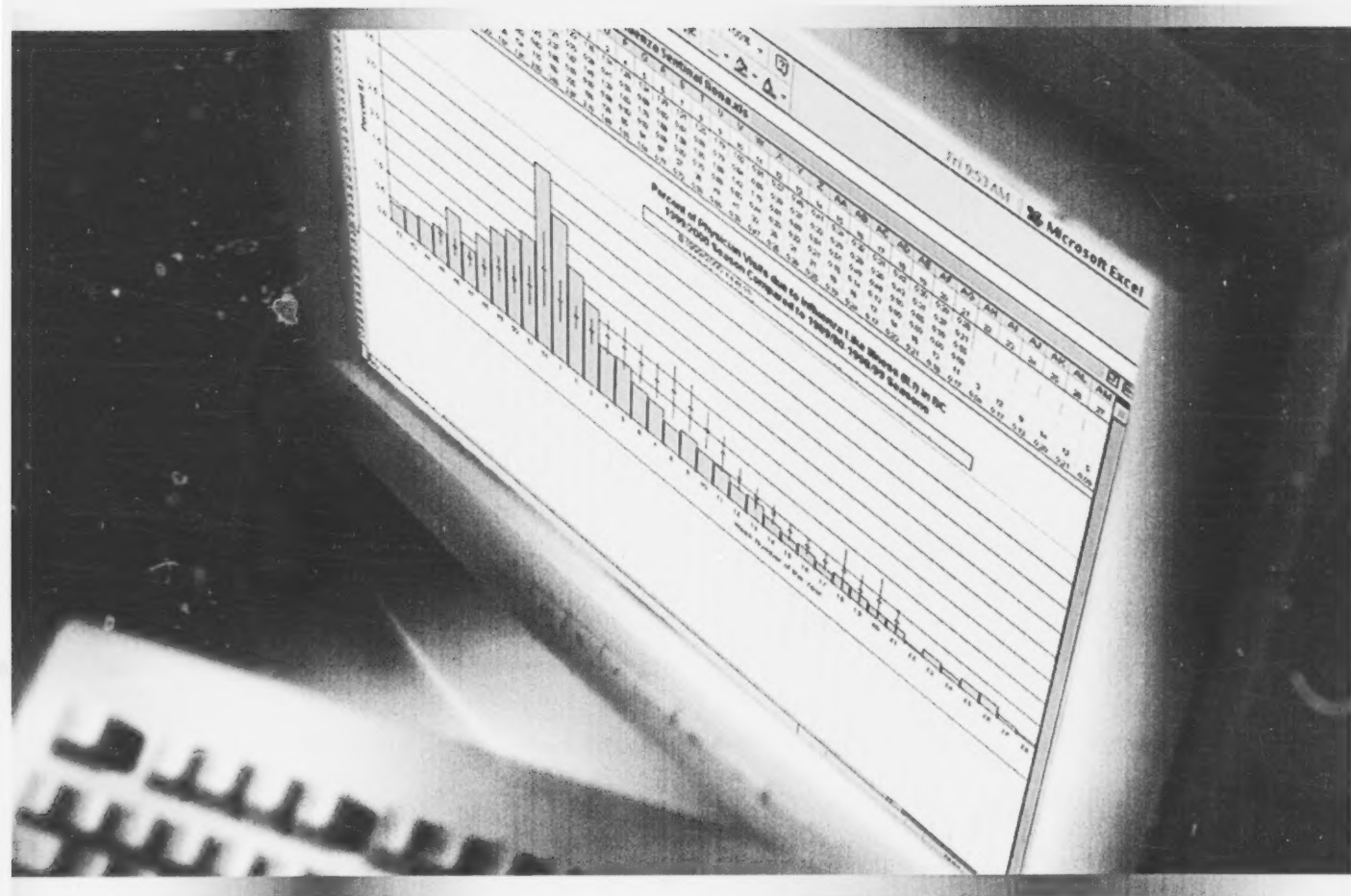
1. Eliminate and Control Communicable Diseases

- BC Hepatitis Services and a Provincial Hepatitis Advisory Committee were established; collaborations with Health Canada and a community education outreach program began.
- Assessment of risk factors for acquiring multi-drug resistance *Salmonella Typhimurium* was completed.
- A proposal for provincial immunization for varicella was developed.
- Vaccine for influenza immunization of healthcare providers was distributed with an estimated 65% uptake among the targeted healthcare providers.
- Host based risk assessment methodology was investigated.
- Point of Care HIV testing in the STD/AIDS clinic was supported by a newly developed and DAP approved laboratory QA program.
- The STD/HIV Street Nurse Program was improved by shifting focus to high risk youth and women based on gap identification.
- STD/HIV programs and health sexuality education for immigrants and refugees were improved by peer education initiatives, increased access to the Vietnamese community and enhanced partnerships with VRHB and other agencies.
- The syphilis reduction maintenance program was implemented.

- Treatment strategies for human papillomavirus were enhanced.
- A study was conducted to identify deficiencies in notification to the provinces by Customs and Immigration Canada of migrants with tuberculosis.
- A study was conducted on the quality of x-rays originating overseas versus those in Canada and recommendations were developed through a national TB immigration subcommittee.
- Aggressive treatment for latent tuberculosis infection was pursued by circulating guidelines and discussing options with all suitable candidates.
- Significant increases in preventative therapy for tuberculosis were achieved as was a significant reduction in the number of tuberculosis cases compared to the previous year.
- Mapping of tuberculosis cases highlighted high prevalence areas of the disease and was used to secure funding for the expansion of the Vancouver downtown east side program.

2. Detect and Respond to New Disease Threats

- A ranking system for communicable disease priorities was established for the Communicable Disease Policy Committee.
- Protocols and educational materials for response to bioterrorism, Risk Group 4 spills and viral hemorrhagic fever were developed.
- A recommendation for transfusion transmissible infections to become reportable was accepted during participation in a new national surveillance for new bloodborne pathogens.
- Participation in a transfusion adverse effects reporting registry occurred.
- A universal infant hepatitis B immunization program was developed and funded.
- Pneumococcal immunization of chronically ill risk groups aged 2-65 years was developed and funded.
- A "best practice for immunization" workshop was conducted for public health nurses.
- A Laboratory Biological Safety and Level 3 Biocontainment Program was created including development of a vision statement, program materials and leadership infrastructure.
- The existing Containment Level 3 laboratory suites were reconstructed in preparation for commissioning and certification by Health Canada.
- Containment Level 3 Manuals and Training Program were developed.



Easy Access to Information.

2000/2001 A Year in Review

- A Containment Level 3 Occupational Health Surveillance Program was developed.
- An Emergency Preparedness and Response manual was developed and distributed and emergency food and supplies were updated.
- Strategic planning was planned for Laboratory Services, systematically carried out and action plans developed.
- The Laboratory Advisory Council was revitalized and a review of strategic planning and actions carried out.
- The Vector Borne Diseases Laboratory was renamed to Zoonotic and Emerging Pathogens; identification of high risk areas of emerging zoonotic diseases was determined as a priority strategy; linkages with the Animal Health Centre were initiated and an interdisciplinary symposium held.
- Nucleic Acid Technology (NAT) based diagnosis was expanded.
- Microbial molecular fingerprinting was expanded.
- RFLP and spoligotyping for *M. tuberculosis* was completed on all suitable isolates of tuberculosis and risk factors for clustering were described.
- Emerging pathogens and the implications for drinking water safety were studied.
- The short AIDS report form was revised and well accepted by physicians.
- The STD notification form was revised to include a request to physicians to indicate when they will be responsible for contact tracing.
- Aboriginal youth services in the east side of Vancouver were enhanced.
- The distribution, education and use of condoms by the street population, especially by street workers, was increased.
- Promotion of the female condom to Aboriginals was completed.
- Access to HIV testing and pre and post test counseling was increased.
- STD/HIV street nurses increased visitation at bathhouses to increase support for men who have sex with men.
- Working relationships with Pharmacare were established to adjudicate therapy decisions regarding hepatitis.
- Numerous in-service training workshops were conducted throughout the province.
- Negotiations and plans to move the New Westminster Tuberculosis Clinic began.

2000/2001 A Year in Review



3. Develop Advanced Informatics

- Electronic reporting forms for faster reporting and response to biological associated adverse effects were developed and piloted by the emergence of the ocular respiratory syndrome associated with influenza vaccine.
- The Public Health Information System was expanded including integration of an electronic communicable disease outbreak module.
- A contract to improve the transmission of data between a warehouse and BCCDC for the purpose of tracking biologicals consumption was conducted.
- PHIS was expanded to include 17 out of 18 Health Authorities that provide public health services.
- A database of reportable diseases was created and ten years of historical communicable disease data was added and will be used for trend analysis of communicable diseases over this long period of time.
- A feasibility study was undertaken with the Ministry of Health to determine ways and means of providing direct access to the Immunization Registry by physicians.
- Discussions were held with the First Nations and Inuit Health Branch to rekindle the data sharing agreement for both immunizations and communicable disease case data.

2000/2001 A Year in Review

- Ministry of Children and Family Development funded the enhancement of the audiology module of PHIS and it is anticipated that the Ministry will access the PHIS data warehouse to produce the reports they may require.
- A secure link was established between five regional health authorities and Laboratory Services for entry of case data which improves reporting time of positive reportable diseases, reduces clerical input time and reduces the risk of transcription errors.
- A link to the Blood Transfusion Registry was established to extract information on the administration of blood products which can be provided to Canadian Blood Services for surveillance purposes.
- Adverse immunization events reporting was strengthened.
- Enhancements to BCCDC's web site began.

4. Foster Applied Research and Innovation

- A report on a seroprevalence study which documented the population impacts of the grade 6 hepatitis B immunization program was released.
- A rigorous scientific protocol for estimating the efficacy of acellular pertussis vaccine in an adolescent population was created and funded.
- An evaluation of the actual and potential impact and cost associated with an outbreak of *E. coli* O157:H7 infection was completed.
- Rapid detection of viable *M. tuberculosis* was researched.
- Participation in an inter-ministerial research program in drinking water and collaboration with Medical Health Officers, Environmental Health Officers and Water Purveyors and drinking water research occurred.
- A research forum for hepatitis was established and research projects initiated (the pathogenesis of hepatitis B; non-alcohol related liver disease in Aboriginal populations).
- Participation in the academic part of the Walkerton Inquiry (waterborne *E. coli* O157) and the North Battleford Investigation (DNA genotyping).

2000/2001 A Year in Review

5. Maintain Public Health Excellence

- BCCDC successfully completed the process of accreditation by the Canadian Council on Health Services Accreditation.
- Associate Directors were recruited for STD/AIDS Control and Epidemiology Services.
- A Geographical Information Systems analyst was recruited and GIS technology introduced for surveillance analysis of hepatitis C, tuberculosis and STDs.
- A position for a senior Biostatistician was created and plans for recruiting a mathematical modeler commenced.

6. Provide Leadership and Support Partnerships

- Participation in the national surveillance of new blood borne pathogens commenced.
- Participation in the Walkerton Inquiry Academic Report.
- National Health Theme Leader for National Centres for Excellence in Clear Water Program application.
- Negotiations with the University Networking Project commenced to secure participation in \$3 million of capital funding for research linkages.
- Negotiations with Vancouver/Richmond Health Board commenced to jointly increase surveillance and preventative therapy for those at high risk for tuberculosis in the downtown east side of Vancouver.

Corporate Information

BCCDC Executive

Ron Zapp, *Chief Executive Officer*

Dr. Bob Brunham, *Chief of Medical and Academic Affairs*

Sue Murphy, *Finance and Resources Management*

Layton Engwer, *Information Management*

Bob Kenward, *Human Resources*

Sharon deLisser, *Executive Associate and Board Liaison*

Brian Copley, *Transition Director*

Dr. Judith Isaac-Renton, *Laboratory Services*

Dr. Michael Rekart, *STD/AIDS Control*

Dr. Kevin Elwood, *TB Control*

Dr. David Patrick, *Epidemiology Services*

Dr. Mel Krajden, *Hepatitis Services*

Dr. Fawziah Marra, *Pharmacy Services*

Head Office / Facilities

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